

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>005009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/11/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>CLARK MEMORIAL HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1220 MISSOURI AVE JEFFERSONVILLE, IN 47130</b>		
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S 000	<p>INITIAL COMMENTS</p> <p>This visit was for a State complaint investigation.</p> <p>Complaint #IN00167737 Substantiated, State deficiencies related to the allegations are cited</p> <p>Dates of survey: 6/10/15 and 6/11/15</p> <p>Facility number: 005009</p> <p>QA: cjl 06/30/15</p>	S 000		
S 912	<p>410 IAC 15-1.5-6 NURSING SERVICE</p> <p>410 IAC 15-15-6 (a)(2)(B)(i)(ii) (iii)(iv)(v)</p> <p>(a) The hospital shall have an organized nursing service that provides twenty-four (24) hour nursing service furnished or supervised by a registered nurse. The service shall have the following:</p> <p>(2) A nurse executive who is: (B) responsible for the following: (i) The operation of the services, including, but not limited to, determining the types and numbers of nursing personnel and staff necessary to provide care for all patient care areas of the hospital. (ii) Maintaining a current nursing service organization chart. (iii) Maintaining current job descriptions with reporting responsibilities for all nursing staff positions.</p>	S 912		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S 912	<p>Continued From page 1</p> <p>(iv) Ensuring that all nursing personnel meet annual in-service requirements as established by hospital and medical staff policy and procedure, and federal and state requirements.</p> <p>(v) Establishing the standards of nursing care and practice in all settings in which nursing care is provided in the hospital.</p> <p>This RULE is not met as evidenced by: Based on document review and interview, the nurse executive failed to ensure nursing personnel followed policies &amp; procedures (P&amp;P) for 2 of 5 patients (Pt#2 and Pt#3).</p> <p>Findings:</p> <p>1. Review of patient care P&amp;P titled Pain Management indicated: Pain management is accomplished through an initial assessment, periodic reassessments, appropriate interventions, and education of patients. The assessment of pain will be recognized as the fifth (5th) vital sign. The P&amp;P also indicated the Healthcare Provider offers/administers pain medications and/or provides non-pharmacological pain relief measures based upon patient's reported level of pain. Documents pain level intervention &amp; evaluates the effectiveness of the intervention by reassessment. The P&amp;P further indicated that the Healthcare Provider informs the physician or practitioner if acceptable pain goal is not achieved. The P&amp;P was revised 9/13.</p> <p>2. Review of 5 patient medical records (Pt#1, Pt#2, Pt#3, Pt#4 &amp; Pt#5) indicated each had been</p>	S 912		

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S 912	Continued From page 2  a patient of the emergency department (ED). Medical records (MR) for Pt#2 and Pt#3 indicated each reported a complaint of pain and the following: a). Pt#2 was admitted to the ED on 2/11/15 at 11:46 hrs and discharged at 18:20 hrs. The Triage note at 11:58 hr indicated the patient reported pain present with a numeric rating of 8 (scale not included). The Assess and Interventions note indicated pain at 11:57 hr to be 8/10 and at 12:30 hr, 9/10 and was then described as "all over" & frequent. The record lacked documentation of a pain medication order, administration, non-medication pain interventions or further pain assessment. b). Pt#3 was admitted to the ED on 1/30/15 at 20:32 hrs and discharged at 23:50 hrs. The Assessment and Interventions note at 20:49 hr indicated the patient reported pain at 10/10. The medication administration record (MAR) indicated a pain medication (morphine) was administered at 09:47 pm (21:47 hrs). The record lacked documentation of intervention effectiveness/evaluation by reassessment.  3. . On 6/11/15 at 10:00am, A4, Director of Emergency Services, confirmed the MR for Pt#2 lacked documentation of pain medication order, administration, or relieving therapy and that the MR for Pt#3 lacked documentation of intervention effectiveness or patient pain re-evaluation.	S 912		
S1510	410 IAC 15-1.6-2 EMERGENCY SERVICES  410 IAC 15-1.6-2(b)(2)(A)(B)(C)  (b) The emergency service shall have the following:	S1510		

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S1510	<p>Continued From page 3</p> <p>(2) Written policies and procedures governing medical care provided in the emergency service are established by and are a continuing responsibility of the medical staff. The policies shall include, but not be limited to, the following:</p> <p>(A) Provision for the care of the disturbed patient.</p> <p>(B) Provision for immediate assessment of all patients presenting for emergency and obstetrical care.</p> <p>(C) Provision for transfer of patients when care is needed which cannot be provided.</p> <p>This RULE is not met as evidenced by: Based on document review and interview, the hospital failed to provide emergency services in accordance with hospital policy and procedure (P&amp;P) for one of five patients (Pt#2).</p> <p>Findings:</p> <p>1. Review of the P&amp;P titled Pain Guidelines for ED (Emergency Department) indicated the following: In the absence of an acute injury or acute medical condition...non-narcotic pain medication will be used, along with other non-medication therapies, for the purpose of relieving pain. The P&amp;P was reviewed 10/14.</p> <p>2. Review of 5 patients medical records (Pt#1, Pt#2, Pt#3, Pt#4, &amp; Pt#5) indicated each had been a patient of the ED and Pt#2 was admitted to the ED on 2/11/15 at 11:46 hrs and discharged</p>	S1510		

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S1510	<p>Continued From page 4</p> <p>at 18:20 hrs. The triage note at 11:58 hr indicated the patient did not require immediate life-saving intervention, and did present with numeric pain as an 8 (scale not included). The Assess and Interventions note indicated pain at 11:57 hr to be 8/10 and at 12:30 hr, 9/10 and described as "all over" &amp; frequent. The record document titled Physician Emergency room documentation indicated the physician assessed patient as positive for diffuse abdominal and back pain. The record lacked documentation of pain medication administration, or non-medication pain interventions.</p> <p>3. On 6/11/15 at 10:00am, A4, Director of Emergency Services, confirmed the medical record for Pt#2 lacked documentation of pain medication order, administration, or relieving therapy.</p>	S1510		